

# ASSESSMENT OF DIABETES CARE, 1998

AUDIT DATE (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_ FACILITY NAME: \_\_\_\_\_

AREA: \_\_\_\_ SERVICE UNIT: \_\_\_\_ FACILITY: \_\_\_\_ # OF PTS IN REGISTRY: \_\_\_\_

REVIEWER (initials): \_\_\_\_ CHART NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

SEX: ☐1 Male ☐2 Female

DATE of Diabetes Diagnosis: \_\_\_\_/\_\_\_\_/\_\_\_\_

## TOBACCO USE:

- ☐1 Current User  
☐2 Never Used  
☐3 Past Use  
☐4 Not Documented

Referred for (or provided)  
cessation counseling?

- ☐1 Yes  
☐2 No  
☐3 Refused

## Vital Statistics

HEIGHT: \_\_\_\_ft \_\_\_\_ in

Last WEIGHT: \_\_\_\_\_ lbs.

HTN (documented DX or RX):

- ☐1 Yes  
☐2 No

Last 3 BLOOD PRESSURES:

\_\_\_\_/\_\_\_\_ mm Hg  
\_\_\_\_/\_\_\_\_ mm Hg  
\_\_\_\_/\_\_\_\_ mm Hg

## Examinations (in past 12 months)

FOOT EXAM - complete:

- ☐1 Yes ☐3 Refused  
☐2 No

EYE EXAM (dilated/fundus):

- ☐1 Yes ☐3 Refused  
☐2 No

DENTAL EXAM:

- ☐1 Yes ☐3 Refused  
☐2 No

## Education (in past 12 months)

DIET INSTRUCTION:

- ☐1 RD } ☐3 Both  
☐2 Other }  
☐4 None ☐5 Refused

EXERCISE INSTRUCTION:

- ☐1 Yes ☐3 Refused  
☐2 No

DM Education (Other)

- ☐1 Yes ☐3 Refused  
☐2 No

## DM Therapy

Select all that currently apply:

- ☐1 Diet & Exercise Alone  
☐2 Insulin  
☐3 Sulfonylurea (tolbutamide,  
chlorpropamide, glyburide,  
glipizide, others)  
☐4 Metformin (Glucophage®)  
☐5 Acarbose (Precose®)  
☐6 Troglitazone (Rezulin®)  
☐9 Unknown/Refused

## ACE Inhibitor Use

- ☐1 Yes ☐3 Unknown  
☐2 No

## Immunizations

FLU VACCINE (past year):

- ☐1 Yes ☐3 Refused  
☐2 No

PNEUMOVAX ever:

- ☐1 Yes ☐3 Refused  
☐2 No

Td in past 10 years:

- ☐1 Yes ☐3 Refused  
☐2 No

PPD Status:

- ☐1 Pos ☐3 Refused  
☐2 Neg ☐4 Unknown

If PPD **Pos**, INH Tx Complete:

- ☐1 Yes ☐3 Refused  
☐2 No ☐4 Unknown

If PPD **Neg**, Last PPD:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of last EKG: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(leave blank if none)

## Laboratory Data

HbA1c (most recent): \_\_\_\_.%

Date obtained: \_\_\_\_/\_\_\_\_/\_\_\_\_

HbA1c (next most recent): \_\_\_\_.%

Date obtained: \_\_\_\_/\_\_\_\_/\_\_\_\_

or, if no HbA1c available...

Last 3 BLOOD SUGARS:

\_\_\_\_ mg/dl

\_\_\_\_ mg/dl

\_\_\_\_ mg/dl

Most recent serum value:  
(leave blank if none in past 12 mo.)

Creatinine: \_\_\_\_ . \_\_\_\_ mg/dl

Total Cholesterol: \_\_\_\_ mg/dl

LDL Cholesterol: \_\_\_\_ mg/dl

Triglycerides: \_\_\_\_ mg/dl

URINALYSIS in past 12 months:

- ☐1 Yes ☐3 Refused  
☐2 No

PROTEINURIA:

- ☐1 Yes (1+ or more)  
☐2 No (Neg or trace)

MICROALBUMINURIA:

- ☐1 Pos  
☐2 Neg  
☐3 Not tested

Is self monitoring of blood glucose  
documented in chart?

- ☐1 Yes  
☐2 No  
☐3 Pt refuses to monitor

Is patient participating in SDM?:

- ☐1 Yes  
☐2 No  
☐3 Unable to determine

## Local Option question: